

## **RECEIPT OF PAYMENT**

Receipt Number:	2025100500
Receipt Date:	08/19/2025
Date Paid:	08/19/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE HEIGHTS/KATILYN SCHMITZ, Address:209 LEXINGTON RD, Phone:(660) 238-2687

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
Business License	LC62230619	\$50.00